

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088946

1. Entity Name

CENTER FOR SENIOR STUDIES, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90005 043 \*\*\*150.00

Principal Place of Business 3390 OCEANSHORE BLVD., UNIT 204 ORMOND BEACH FL 32176	Mailing Address <del>3390 OCEANSHORE BLVD., UNIT 204</del> <del>ORMOND BEACH FL 32176-2140</del> P.O. Box 247 Ormond Beach, FL 32175-0247
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 247	
City & State		City & State	
Ormond Beach, FL		Ormond Beach, FL	
Zip	Country	Zip	Country
32175	USA	Florida	USA

4. FEI Number	59-3539831	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SADLER, JEFF 3390 OCEANSHORE BLVD., UNIT 204 ORMOND BEACH FL 32176	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, JEFF	NAME	
STREET ADDRESS	P. O. BOX 3206	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32175	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARR, ROBERT E	NAME	
STREET ADDRESS	P. O. BOX 3236	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32175	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIGHTON, RICHARD	NAME	
STREET ADDRESS	P. O. BOX 3236	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32175	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLER, EILEEN	NAME	
STREET ADDRESS	P. O. BOX 3236	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL 32175	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIOVENETTA, JOE	NAME	
STREET ADDRESS	P.O. BOX 3236	STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32175	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeff Sadler 4/5/2000 904 441 1464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)